Chronic Care Management Advisory Group

Principles

1. **Program-level Quality Assurance Goals:** Individuals with long term care services and support needs should be supported by a system-wide effort to meet performance goals (e.g., maintain health status; minimize acute episodes; limit disability; reduce costs). The State should establish program level (I am not sure what this means, but concept is good) goals and monitor progress toward meeting these goals.

2. **Person Centered Program Design:** Individuals with long term care services and support needs and their families should have the ability to be fully engaged in the design of the system.

   • An individual should identify his or her own goals in collaboration with family and informal supports as appropriate.
   • To support person-centered planning, the State should promote education and empowerment for self decision-making and self-management.
   • Long term care services and activities should be organized around the consumer and the person's "home" should be seen by all providers as the site of care and support.
   • Service providers across all sectors need training and reinforcement on person-centered services and self-determination. Attention needs to be given to the most vulnerable populations including those experiencing cultural, language, and cognitive barriers to services.

3. **Personal Health Records:** Individuals with long term care services and support needs typically are served by a number of providers who may not be aware of the person's full array of services and other supports. The State should support development of "personal health records," which would allow all providers to update a central record for the participant (electronically?) and have access to information from other providers.

4. **Access to Information:** Individuals with long term care services and support needs should have the ability to make informed choices about their care options. Reliable, comprehensive information about health and wellness, and programs and services should be available at all times (e.g., after hours) and it should be easily accessible and understandable to consumers. This information should be organized with the end-user in mind and to facilitate decision-making and self determination.

5. **Adequate Supply of Services:** A comprehensive array of services should be available, affordable, accessible and suitable for diverse clients. Examples of needed services include: preventive care, mental health, chemical dependency, domestic violence, assault, durable medical equipment, medication management with attention to therapeutic duplication and other hazards, hearing, vision, dental, skin care, pain management, infection, education and vocational training. (Note: making sure that quality services are available does not necessarily mean paying for them. These are separate issues and both are important. The State should be sure that quality services exist and identify how to pay for them in a way that encourages quality. Finally, people must be able to access these services.)

6. **Evidence-based interventions:** Individuals with long term care services and support needs should be supported by evidence-based interventions. As the State develops new programs for

chronic care management, it should emphasize evidence-based interventions and the use of those interventions/services for persons likely to benefit.

7. **Care Managers:** Individuals with long term care services and support needs should have a single, empowered, skilled care manager to assist them. The care manager should have skills in fostering self-care and empowerment and be able to coordinate interactions across medical and long term care settings/providers. The care manager and client should work together to develop an individualized care plan that reflects the client's goals and expectations.

8. **Data to Support Quality:** Individuals with long term care services and support needs should have high quality care. The State should develop or enhance data for risk stratification, monitoring fidelity and quality in implementation, and ongoing evaluation for continuous quality improvement.

Survey Results

Questions on Each Principle	Essential to success?		Recommendation can make a difference				
	Yes	No	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Program-level Quality Assurance Goals	4	6	2	2	4	1	
Person Centered Program Design	10		6	3			
Personal Health Records	6	3	2	5	1	2	
Access to Information	5		6	2	2		
Adequate Supply of Services	3	1	3	5	1	1	
Evidence-based interventions	4	5	1	4	3	2	
Care Managers	5	4	5	2	2	1	
Data to Support Quality	9	1	4	4	1	1	

Ranking of Principles	Ranking (least points=most important)
Person Centered Program Design	22
Adequate Supply of Services	29
Access to Information	35
Care Managers	38
Data to Support Quality	48
Evidence-based interventions	49
Personal Health Records	51
Program-level Quality Assurance Goals	58